

\_\_\_\_\_  
Full Name of Party Filing This Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

_____, Plaintiff, vs. _____, Defendant.
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Case No.: \_\_\_\_\_

ACKNOWLEDGMENT OF SERVICE

I, \_\_\_\_\_, the ☐ Plaintiff ☐ Defendant  
in the above-entitled action, admit and acknowledge that service of a copy of the \_\_\_\_\_  
\_\_\_\_\_ was  
made on me because I received them on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I certify that **[check all that apply]**:

☐ I am not in the uniformed services as defined by the Servicemembers Civil Relief Act  
of 2003; or

☐ I am in the uniformed services as defined by the Servicemembers Civil Relief Act of  
2003. I understand and waive my rights under the Act; or

☐ I am in the uniformed services as defined by the Servicemembers Civil Relief Act of  
2003. I do not waive my rights under the Act.

[ ] I submit to the jurisdiction of this court, decline to plead, waive hearing, and agree that a final decree be entered.

Date: \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the State, personally appeared \_\_\_\_\_, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date last above written.

\_\_\_\_\_  
NOTARY PUBLIC

Residing at \_\_\_\_\_

My Commission Expires: \_\_\_\_\_